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		Complete if Known					
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	10/506,323-Conf. #8341				
FEET TRANSMITTAL For FY 2009		Filing Date	October 29, 2004				
		First Named Inventor	Khalid AHMED				
		Examiner Name	J. Crepsau				
		Art Unit	1795				
TOTAL AMOUNT OF PAYMENT		(S) 130.00	Attorney Docket No. 0446-0170PUS1				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments				
FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
14	> or HP = 0	x =	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	> or HP = 0	x =	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(b)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
> 100 =	/50 =	(round up to a whole number) x					
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification: \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						130.00	
SUBMITTED BY							
Signature			Registration No (Attorney/Agent)	21,066	Telephone	(703) 205-8012	
Name (Print/Type)	Raymond C. Stewart		Date	February 10, 2009			